HEALTH SARE FISANCING ADMINISTRATION	CMB 140. V300 0130
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL O	OF 9 9 - 2 0 - New York
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	Alay 20, 1999
5. TYPE OF PLAN MATERIAL (Check One):	
□ NEW STATE PLAN □ AMENDMENT TO BE	E CONSIDERED AS NEW PLAN
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
42 CFR Part 447,200	a. FFY <u>1998-1999</u> \$ <u>0</u> b. FFY <u>1998-2009</u> \$ <u>0</u>
8 DAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT.	9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
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Attachment 4.19-B Page 3hl1	Attachment 4.19-B Page 3h11
$\mathcal{L}_{i} = \{ i, j \in \mathcal{K}_{i} \mid i \in \mathcal{K}_{i} \}$	A +
10. SUBJECT OF AMENDMENT:	<u>artini filozofika kun artini kana da artini kana d</u> Bana kana da artini k
Day Treatment Services	tonical familian materials of the manufactural forms and seasons.
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11. GOVERNOR'S REVIEW (Check One):	anya amat <u>irang pangangan amatika ang a</u>
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: 1986 11
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	n de Karteur •
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME:	New York State Department of Health
Dervis P. Whalen	Corning Tower
14. TITLE:	Empire State Plaza
Executive Deputy Commissioner	Albany, New York 12237
15. DATE SUBMITTED:	is the second of the property of the second
June 30, 1999	
17. DATE REGEREE	
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New York Attachment 4.19B

(11)(i) Effective January 1, 1999 for non-state operated facilities, a cost of living add-on may be included in the final adjusted fee. This add-on will be an increase to the fee due to a 2.5 percent increase in salaries and salary related fringe benefits. Inclusion of the add-on is subject to a resolution of the facility's governing body that funding received will be used solely to effect a 2.5 percent increase beginning with the lowest paid employees. To be deemed reimbursable, both the resolution and an implementation plan must be submitted by the facility and approved by the Commissioner.

- (ii) Effective January 1, 1999, and for every fee period thereafter, for state operated facilities, a cost of living add-on will be included in the final adjusted fee. This add-on will be the full annual amount of 2.5 percent of the salaries and salary related fringes included in the final fee.
- (iii) Facilities initially certified as day treatment facilities on or after May 20, 1999 shall be deemed to have met the requirements for an approved cost of living add-on described in subparagraphs (i) and (ii) of this paragraph, and a corresponding factor shall be included in the final adjusted fee.

